

Pressure Vessel Hydrostatic Test Report
NASA Glenn Research Center

Vessel Description

1. Manufacturer _____
2. Model Number _____
3. Operating Pressure, psig. _____

Other Requirements

1. Restricted Distance, ft. _____
2. Cold Shock (cryo only) Y/N, Date _____
3. Leak Test (required), Date _____

Specific Check Points, % of Test Pressure

1. 50% = _____
2. 60% = _____
3. 70% = _____
4. 80% = _____
5. 90% = _____
6. 100% (max.) = _____

Hydrostatic Test Parameters

1. Hydrostatic Test Date _____
2. Maximum Test Pressure, psig. _____
3. Test Fluid _____
4. Test Fluid Temperature, °F _____
5. Vessel Metal Temperature, °F _____
6. Verified Gauge Calibration, Date _____

Time/Initials

- | | |
|-----------|---------------------------|
| Hold Time | _____ / _____ |
| Hold Time | _____ / _____ |
| Hold Time | _____ / _____ |
| Hold Time | _____ / _____ |
| Hold Time | _____ / _____ |
| Hold Time | 15 minutes / _____ |

REMARKS:

Hydrostatic Pressure Test Performed by

Organization _____

Technicians	_____
	Signature _____ Date _____

	Signature _____ Date _____
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NASA Witness	_____
	Signature _____ Date _____

Other	_____
	Signature _____ Date _____